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ABSTRACT

Adolescent underachievers may be, in fact, victims of insomnia or other types of sleep disorders. Insomnia is a greatly overlooked affliction that affects approximately 13% of the adolescent population, creating daytime side-effects that could impair intellectual functioning, such as imposing learning constraints. Poor sleepers among the adolescent population tend to describe themselves in negative terms and have poor self-images. Most sleep disorders among adolescents have behavioral causes. Behavioral self-management techniques have proved valuable in alleviating the problem. Self-management techniques attempt to teach the person the skills needed to solve current sleep problems as well as future problems, should they arise. Insomnia, the same as sleep, is viewed as a habit; as such, it can be treated with techniques other than the sleeping pill. Early intervention is necessary; parents can identify whether the adolescent has a sleep disorder or not. School personnel, particularly counselors and school psychologists, should be aware of this disorder when counseling adolescent clients. Insomnia is an affliction that can be overcome in a relatively short, safe and healthy manner. If left untreated, adolescent insomniacs usually become adult insomniacs. (Author)

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Insomnia among Adolescents: Implications for Counselors

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Adolescent underachievers may, in fact, be undiagnosed victims of insomnia, a widely overlooked affliction affecting approximately thirteen percent of the adolescent population.

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ABSTRACT

Insomnia Among Adolescents: Implications for Counselors

Adolescent underachievers may be, in fact, victims of insomnia or other types of sleep disorders. Insomnia is a greatly overlooked affliction that affects approximately 13% of the adolescent population, creating daytime side-effects that could impair intellectual functioning, such as imposing learning constraints. Poor sleepers among the adolescent population tend to describe themselves in negative terms and have poor self-images.

Most sleep disorders among adolescents have behavioral causes. Behavioral self-management techniques have proved valuable in alleviating the problem. Self-management techniques attempt to teach the person the skills needed to solve current sleep problems as well as future problems, should they arise. Insomnia, the same as sleep, is viewed as a habit; as such, it can be treated with techniques other than the sleeping pill. Early intervention is necessary: parents can identify whether the adolescent has a sleep disorder or not. School personnel, particularly counselors and school psychologists should be aware of this disorder when counseling adolescent clients. Insomnia is an affliction that can be overcome in a relatively short, safe and healthy manner. If left untreated, adolescent insomniacs usually become adult insomniacs.

Adolescent insomnia, sleep disorders? Why should counselors, with the present demands of their work, attend to this topic? Recent sophisticated research from leading sleep clinics (Carskadon, Harvey and Dement, 1981; Hauri and Olmstead, 1980; Mosko, Lewis and Sassin, 1980; Reynolds, Coble, Holzer, Carroll and Kupfer, 1979) points out that insomnia is seldom even considered by parents, school personnel, physicians and clients themselves. Despite this evidence, approximately thirteen percent of adolescents (Price, Coastes, Thoresen and Grinstead, 1978) suffer the mental and physical limitations imposed by insomnia-type afflictions.

Unfortunately, insomnia may affect the adolescent in more ways than one might realize. A relationship between undiagnosed adolescent insomnia and underachievement, for example, is an area worthy of discussion and further research. However, trained counselors and psychologists can use behavioral self-management techniques in counseling poor sleepers to learn good sleep habits, and the problem can be alleviated without the use of addictive and harmful sleeping pills.

Considering the impact that insomnia and other forms of sleep disorders may have on the life and learning efficiency of adolescents, very little research exists on insomnia among the adolescent population. While a great deal of research data exists on insomnia among adults, not all of these findings are applicable and relevant to the adolescent, creating an area which necessitates further investigation.

Although research on adolescent insomnia is limited, a number of studies have similar findings. "In a survey of 637 11th and 12th grade students, we found that 12.6% complained of chronic and severe sleep disturbance while 37.6% reported occasional and mild sleep disturbance.

Students complaining of disturbed sleep were more likely than good sleepers to report negative physical and emotional states and to describe their physical and personality characteristics negatively" (Kirmil-Gray, Coates, Thoresen and Rosekind, 1982). A review of the literature on adolescent insomnia and other sleep disorders reveals that chronic sleep disturbances definitely do occur in adolescence and may continue into adulthood. Furthermore, personality characteristics are effected by sleep disorders (Monroe and Marks, 1977; Price, et. al., 1978; Strauch, 1980).

In addition to alerting school personnel, particularly counselors, nurses and psychologists to this constraint to learning efficiency, the purposes of this paper are to: 1) define terms associated with sleep disorders; 2) review current questionnaires designed to diagnose sleep disorders; 3) report the prevalence of adolescent insomnia and sleep disturbances; 4) identify personality traits of poor sleepers; 5) illustrate a specific form of behavioral treatment used to ameliorate symptoms of adolescent insomnia; and 6) present various implications of sleep disorders on one's learning efficiency and intellectual functioning.

Terms Associated With Sleep Disorders

The two most significant terms associated with sleep disorders found in the literature are insomnia and sleepiness. Insomnia refers to nocturnal sleep difficulties, while sleepiness refers to disorders that occur during the day. The Association of Sleep Disorders Centers (ASDC) has devised a classification system of sleep disorders known as the Diagnostic Classification of Sleep and Arousal Disorders. The system includes three classes of disorders: 1) disorders of initiating and maintaining sleep (DIMS) - the insomnias; 2) disorders of initiating and

maintaining wakefulness (DIMW) - excessive daytime sleepiness; and 3) dyssomnias, such as sleep talking and sleepwalking, associated with disruptions of the 24-hour sleep-wake cycle (e.g. jet lag) (Reynolds et al., 1979).

Insomnia has been reported as the most common complaint of the sleep disorders (Bixler, Kales, Soldatos, and Healy, 1979). The most severe cases of insomnia include nocturnal myoclonus, or kicking while asleep, and sleep apnea, which refers to snoring. Insomnia has been further subdivided into three components: 1) difficulty falling asleep; 2) difficulty staying asleep; and 3) premature final morning awakenings (Bixler, et al., 1979; Marks, 1976).

Anders, Carskadon, Dement and Harvey (1978) discovered that research on daytime sleep difficulties was extremely rare. The researchers contended that the examination of nocturnal sleep organization is not necessarily the best measure of sleep disorders. Excessive daytime sleepiness, a complex and serious problem, has been found to occur more often during the adolescent years than during adulthood. Severe disorders of this type include narcolepsy, recurrent attacks of sleep, and cataplexy, or sudden loss of muscle control.

Questionnaires Used

Questionnaires designed to diagnose sleep disorders reflect the research emphasis of their authors. Thorough and comprehensive questionnaires include one developed by Wanzie and Zeplin (1973), Ander's Sleep Habits Questionnaire (SHQ), and the Stanford Sleep Inventory (SSI). Wanzie and Zeplin (1973) found an increase of sleep difficulties which occurred between the ages of eleven and twelve. Anders, et al. (1978) similarly concluded that significant changes occurred in sleep patterning,

sleepiness and daytime functioning during middle-to-late adolescence in their study of ten to thirteen year old children. The Stanford Sleep Inventory was an in-depth study of sleep behaviors, sleep habits and ways people have of alleviating sleep problems.

Prevalence of Adolescent Sleep Difficulties

Data gathered from the questionnaires indicated that significant changes in sleep occur during the adolescent years, including the onset of daying sleepiness and pathological sleep disturbances (Anders et al., 1978; Price et al., 1978; Zeplin, Hamilton and Wanzie, 1977). The study of prevalence of sleep problems among adolescents was shared by several authors who compared poor sleepers with good sleepers. As stated, Price et al. (1978) found that approximately thirteen percent of the students studied reported severe and chronic sleep problems. Strauch (1980), in a longitudinal study, reported that fewer than 50% of the high schools studied rated themselves as good sleepers. The 1973 Los Angeles Metropolitan Area Survey indicated that sleep problems were indeed prevalent in the population, often starting early in life and continuing into adulthood (Bixler et al., 1979).

Personality Traits

In addition to studying the prevalence of sleep disorders, the L.A. Metropolitan Area Survey correlated sleep disorders with mental health. Results revealed that those suffering from insomnia more often felt they needed help with emotional or family problems. Characteristics of the personalities of adolescent poor sleepers were anxiety, fear, depression, somatic concerns and multiple neurotic manifestations (Kales and Cory, 1971; Marks and Monroe, 1975; Monroe, 1976).

It should be noted that the majority of studies on the relationship between sleep and personality have dealt with emotionally disturbed youths. The most characteristic descriptors of emotionally disturbed youths suffering from sleep disturbances were produced by Marks and Monroe (1976); "shy, sensitive, quiet, silent, slow, reserved, formal; perfectionistic and obsessive; fearful, phobic, anxious, tense, worrisome; dreamy, difficulty concentrating, excessive fantasy, daydreaming; sad and depressed; somatic involvement, forgetful, mild intellectual impairment; and having multiple neurotic manifestations" (p.246). A later study by Marks and Monroe (1977) confirmed that poor sleepers scored consistently higher on dimensions of neuroticism and lower on psychopathic tendencies. This agreed with the earlier 1975 study which recognized that emotionally disturbed poor sleepers were unlike other disturbed youths who were provocative, flippant and resentful of authority. Two additional studies conducted by Price et al. (1978) and Monroe and Bertelson (1979) established a highly significant relationship of neuroticism and sleep disturbance in emotionally disturbed adolescents. The literature examining emotionally disturbed youths indicates that poor sleepers share similar characteristics. These personality traits suggest a common pattern which can be helpful in the development of treatment programs.

Behavioral Self-Management as Treatment

The topic of treatment for adolescents with poor sleep habits appears infrequently in the literature. Drug treatment, heavy doses of hypnotics or sleeping pills, has been widely used in serious cases of sleep disorders. However, emotional support, educational and behavioral self-management programs are much more appropriate for the prevention of further sleep deterioration in adolescents as they move into adulthood.

An extremely significant study on normal adolescent insomniacs (not emotionally disturbed) was conducted at Stanford University. The researchers designed a behavioral program to educate adolescents and their families about sleep and to teach methods for improving students' sleep. Self-management treatment programs were instituted to educate on the multiple factors of sleep, to teach methods to alter stress and tension, and to teach problem-solving skills (Kirmil-Gray et al.). Muscle and mental stress relaxation techniques were used. For example, adolescents were taught to concentrate on specific muscles, to tense and relax them. The program produced favorable results and was especially significant in improving students' sleep habits as well as their emotional adjustment.

Relaxation training also proved successful in the treatment of a thirteen-year old boy with a four-month history of insomnia. A treatment program was developed to reduce the student's level of tension and to reduce parental attention to the problem. Exercises for muscle relaxation were taught to the boy, to be performed prior to going to sleep and also upon awakening during the night. A significant change toward good sleep was recorded by the eight week. "The success of the treatment program was also reflected in the patient's school grades which returned to an above-average level" (Anderson, 1979, P. 264).

Implications for the Counselor

Loss of sleep or excessive daytime sleepiness may have an effect on memory, learning and school performance during a child's developing years. From infancy to adolescence, children experience similar sleep problems and habits. The infant has problems of night waking and irregular sleep patterns. Children encounter problems of sleepwalking, sleep talking, nightmares and not wanting to go to sleep. Adolescents

may suffer from excessive daytime sleepiness (Anders et al., 1978). The implications of sleep problems and their effect on psychological and intellectual functioning should necessarily be examined. Research has found that one night of sleep loss in children significantly impaired their ability on several performance tests (Carskadon et al., 1980). Severe sleep disorders such as narcolepsy and sleep apnea caused deficits in memory and learning (Guilleminault and Dement, 1977). It follows that problems in school work may occur, and students suffering from adolescent insomnia may find it extremely difficult to concentrate and to perform well academically. The case mentioned of the 13-year old boy illustrates one in which the student's grades dropped "to near failing with the onset of sleep disturbance" and returned to above average following his treatment (Anderson, 1979, P. 263).

Working on the premise that poor sleep is often a habit, just as good sleep is a habit, Morrison has successfully consulted with numerous counselors over the years who have been concerned about their counselee's non-sleeping patterns, once the patterns were identified. A main question asked by the counselor was, "Can you tell me about your sleeping habits?"

A counselor's intervention in a 1970 case follows: The fifteen year old male had adjusted to the habit of awakening at 2:00 a.m. to ruminate on "his worries". He seldom resumed sleep (which is often a hint of depression). Cumulative fatigue and daytime sleepiness were significant and impaired his attention span. The counselor's intervention procedure was to insist, with the parent's help, that the counselee write a list of his "worries" at 2:00 a.m.. Either by writing out the worries, or by challenging the worth of his worries, or by a placebo effect, the counselee was cured in ten weeks; his 2:00 a.m. awakening habit was virtually eliminated. The quality of his life, including his school

achievement, improved significantly.

Conclusion

Although limited, research suggests that a significant percentage of adolescents have one or multiple symptoms of sleep disorders. Comprehensive questionnaires are available to assess various factors related to sleep. Results of several studies have presented the complexities of insomnia and other sleep-related disorders as well as their relationship to personality traits. Adolescents suffering from sleep difficulties may also suffer from impaired memory and experience difficulty in concentration and attention at school. Behavioral management techniques and educational models can provide adolescents with better ways for reducing tension, eliminating anxiety and minimizing other psychological problems which may be affecting their sleep. Behavioral self-management programs also may provide effective procedures for helping adolescents to improve their sleep habits. The author views both sleep and non-sleep as a habit. Fortunately, with self-management and habit reformation, monitored by school personnel such as counselors, nurses and psychologists, alleviation of the problem may often occur quite rapidly. Working with private cases, the author has found sleep habit reformation to be quite effective. Research findings on identification and treatment of sleep disorders can provide valuable information to school personnel, physicians, psychologists and parents in order to prevent adolescent sleep difficulties from developing into chronic adult sleep problems, as has been shown (Bixler et al., 1979) to happen.

The question itself, "Are poor sleepers poor students?" is overly simplistic. The sleepy student is seldom a problem student, and seldom

viewed as having an ailment. However, professionals in the helping services, including counselors, have seldom considered insomnia as a valid constraint to learning despite the fact that it has been shown that approximately thirteen percent of adolescents suffer from sleep disorders. Side-effects are numerous, unhealthy and habit-forming: shortened attention spans, lack of concentration, decreased memory, impaired intellectual functioning and increased daytime fatigue. Competent counselors could now begin attending to this problem, for it is one that frequently can be alleviated in a short period of time through behavioral management, and other, techniques. Adolescent underachievers relieved of this affliction may once again begin to realize their full intellectual capabilities at school, as well as experiencing an overall improvement in the quality of their lives. Beneficially, counselors could more frequently ask their counselees: Are you a good or poor sleeper?

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